Athletic Complex Funding	Name:first		spouse	
13007 Douglas Pkwy Ste 100 Urbandale, IA 50323 (515) 252-2496	Email:	Christ-centered education ont to be paid as follows: , Cheon n increment of \$ 20 and ending (more	n at DMCS by pledging ck # per month quarter	our financial year
Electronic Auto-Withdrawal Information				
Print Name:		Date:		
I have authorized Des Moines Christian School to electronically transfer my monthly pledge payment from my account on the 15th day of each month. If payment date lands on a holiday or weekend, the amount will be transferred on the next business day. I request and authorize DMCS to charge my bank account this monthly transfer as indicated below. I agree that rights of DMCS in respect to such a transfer shall be the same as if it were a regular check drawn on the bank and signed by me personally. This authority is to remain in effect for the period stated below, and I agree that DMCS shall be fully protected in honoring my payments.				
Month/year to begin transfer:, 20 Month/year to end transfer:, 20*				
Dollar amount of transfer: \$/month x months = \$ total gift.				
* Please make this a recurring monthly auto-payment until I request in writing to end payments.				
Signature:				

Please attach a voided check

 OR \Box Please use the same bank account we currently use to pay tuition.